

MAIL STOP PATENT APPLICATION
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney's Ref: DELRI/112/US
Date: September 26, 2003

22154 U.S. PTO
10/672099
09/26/03

Sir:

Transmitted herewith for filing is the ☒ Utility ☐ Design patent application of:
Inventor(s): Robert De France

For: SINGLE JAW WEDGE DEAD END

Enclosed are:

- ☒ THIRTEEN Sheets Of Specification
- ☒ SEVEN Sheet(s) of Drawing(s) Containing Figures 1 - 7 ☒ Formal ☐ Informal
- ☒ A Return Receipt Postcard.
- ☐ An Assignment Of The Invention
- ☐ A Certified Copy of a _____ Application.
- ☒ A Signed Inventor's Declaration
- ☐ A Copy Of Verified Statement Claiming Small Entity Status.
- ☐ Application Data Sheet.
- ☐ Other - Information Disclosure Statement with Form PTO 1449
- ☐ Other -

- ☐ If checked, this application is a:
- ☐ Continuation
 - ☐ Continuation-in-part
 - ☐ Divisional

Application of prior United States Patent Application No.: _____ previously examined by
_____ (Examiner) in Group/Art Unit _____

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on September 26, 2003, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".


Irene O'Brien

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Attorney's Ref: DELRI/112/US

Date: September 26, 2003

The filing fee has been calculated as shown below:

☐ Design Application For ☐ Small Entity = \$165 ☐ Not Small Entity = \$330

☒ Utility Application With Fee Calculated Below:

☒ If Checked, Applicant Is A SMALL ENTITY.

	No. Filed	CLAIMS			SMALL ENTITY		LARGE ENTITY
			No. Extra				
Total Claims	20	20=	0	x \$9 =		x \$18 =	\$
Independent Claims	2	3=	0	x \$42 =		x \$84 =	
Basic Fee					\$375.00		\$750.00
Multiple Dependent Claims Presented				x \$140		x \$280	
				TOTAL	<u>\$375.00</u>	TOTAL	<u>\$</u>

☒ A check in the amount of \$375.00 to cover the filing fee is enclosed.

☐ Please charge my Deposit Account No. 16-2563 in the amount of \$_____ to cover the filing fee. ☐ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. ☒ A duplicate copy of this sheet is enclosed.



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